

10. On September 25, 2007, the Colorado State Board of Pharmacy issued a Cease and Desist Order to Hogan's for delivering prescriptions to Colorado residents without registering as a nonresident prescription drug outlet. Exhibit 1 is the Colorado order. Exhibit 1 is incorporated herein as though recited in full.

11. On or about February 6, 2008, the Board received a complaint from a widow who claimed Hogan's improperly dispensed a prescription drug to her husband via the internet resulting in his death.

12. Kansas Attorney General Special Agent Korby Harshaw interviewed the widow.

13. The widow explained to Special Agent Harshaw that her husband became addicted to Soma following a car accident in which he injured his back. She described her husband's episodes of disorientation and loss of muscle control as "Soma Comas."

14. The widow said her husband turned to an internet pharmacy because her husband could no longer obtain prescriptions for the amount he wanted from his doctor.

15. She said that he had regularly taken as many as 10-12 pills a night before going to bed.

16. On August 25, 2007, she said her husband told her he had taken nine Soma pills before bed. At approximately 8:30 p.m., she went into their bedroom and found her husband slumped over near a pool of vomit, unresponsive, and not breathing.

17. The coroner's report listed the cause of death as a "mixed drug intoxication." A copy of the coroner's external examination report is attached as Exhibit 2. Exhibit 2 is incorporated herein as though recited in full.

18. Following his death, a co-worker reviewed the deceased's email account at work. The co-worker said that the deceased's inbox contained several emails

reminding him to reorder his pills. The co-worker also recalled seeing several Fed-Ex shipments for the widow's husband.

19. The widow contacted Federal Express and learned that the packages were sent from Hogan's.

20. On February 26, 2008, Special Agent Korby Harshaw and Special Agent Daren Fox met with Amber Boyd, a former pharmacy technician at Hogan's.

21. Boyd started working as a pharmacy technician for Hogan's on or about March 3, 2007. She interviewed for the job with owner Jolane Poindexter who described the business as an "internet pharmacy."

22. Boyd said her duties included reviewing prescriptions to make sure basic information matched. Boyd would confirm that females were not ordering Viagra or that people received the appropriate medication for back pain versus headaches.

23. Boyd said there were days when she would deny a hundred prescriptions which had already been approved by Dr. Buckley.

24. On at least a half dozen cases, Jolane Poindexter would direct Boyd to change items completed by the patient on a questionnaire so that what would appear as the patient's answers would match the drug being provided.

25. Jolane Poindexter is not a pharmacist.

26. As an example, Boyd said once a patient requested Fioricet for back pain. Boyd changed the patient's description of the medical condition from back pain to headaches because she understood that Fioricet should not be prescribed for back pain.

27. Boyd said the pharmacist on staff at Hogan's, Rick Kloxin, R.Ph. would review the prescription by looking at the bottle and compare it to the printed prescription. She said the pharmacist would not review any other information.

28. Boyd recalled Mr. Kloxin telling her, "It would be impossible for the doctor to review each script coming through Hogan's." Even though Mr. Kloxin acknowledged that the prescriptions were not legitimate, he continued to fill prescriptions ordered through the internet.

29. Boyd also recalled a time when Jim Kinderknecht, R.Ph. a Chief Inspector from the Board visited the pharmacy. Boyd was told to hide the end-of-day reports from him. As Mr. Kinderknecht asked her questions, Ms. Poindexter would hit the back of her chair to indicate Boyd should not answer a particular question.

30. Boyd also said that the pharmacy was 95% internet and it was obvious they "were not getting legitimate orders." Boyd described the requests for prescriptions as coming from "pill poppers."

31. Boyd said, "There was not enough time in the day to thoroughly look at all the prescriptions."

32. On March 4, 2008, Special Agent Korby Harshaw spoke with Rosie Grow.

33. Rosie Grow said she worked in the back of Hogan's as a shipping clerk.

34. Ms. Grow is not and never has been a pharmacy technician registered with the Board.

35. Ms. Grow said that Ms. Poindexter would email prescription labels to the store from home indicating that she had approved them from her house.

36. Ms. Grow also said that a pharmacy technician would take a pre-filled pill bottle and affix a label to it that she received over the internet. The bottle was handed to a pharmacist who would then look at the bottle. The pharmacist would then set the pill bottle down in front of her, and she would package and label the pills for shipping. Ms. Grow said that she shipped pills all over the country.

37. Ms. Grow said that she would package and ship between 300 and 500 prescriptions for a DHL pick up around noon. She then would package an additional 300 to 500 prescriptions in the afternoon to be picked up by Federal Express at about 5:00 p.m.

38. Ms. Grow said that she started experiencing problems with her hands and limited her shipping work to half days. She said she then filled prescription bottles using one of two filling machines in the back room.

39. On or about January 4, 2007 and again on or about July 13, 2007, the Board issued subpoenas for information regarding internet activity. Information received from Hogan's showed that Hogan's record of prescriptions included questionnaires.

40. The questionnaires ask the patient whether they have previously been prescribed the medication they were requesting from Hogan's. The vast majority of the questionnaires, if not all the questionnaires, show the patient answered "yes" to the question. Exhibit 3, attached hereto, is a prescription and questionnaire for a patient located in Plattsmouth, Nebraska. Exhibit 3 is incorporated herein as though recited in full. Information that could identify the patient has been redacted from this Exhibit.

41. The questionnaire also asks, "Is your Personal Healthcare Practitioner aware that you are requesting this medication?" See, Exhibit 3.

42. The response recorded on almost every questionnaire if not on all questionnaires to the question above is "Yes." See, Exhibit 3.

43. Questionnaires also show that Hogan's delivered medication to drop-off locations or pick-up locations, such as Federal Express. Exhibit 4 constitutes copies of questionnaires and prescriptions with drop-off or pick-up locations identified as the shipping address. Exhibit 4 is incorporated herein as though recited in full.

44. Questionnaires also show that a doctor named Joyce W. Buckley wrote prescriptions filled at Hogan's. Exhibit 4.

45. Joyce W. Buckley's license is a limited three year license and is restricted to an approved underserved area or facility in New York. Dr. Buckley's license is in the field of "gynecology only." Exhibit 5 is a copy of public licensing information about Dr. Buckley easily obtained by Jim Kinderknecht, R.Ph. through the internet. Exhibit 5 is incorporated herein as though recited in full.

46. On July 16, 2007, Board inspectors Jim Kinderknecht, R.Ph. and Carly Haynes, R.Ph., visited Hogan's.

47. Ms. Haynes took pictures showing stacks of unlabeled pill bottles on shelves. Copies of two pictures taken by Ms. Haynes during her July 16, 2007 inspection are attached to this order as Exhibit 6 and are incorporated herein as though recited in full.

48. Ms. Haynes also asked about incident reports during her July 16, 2007 visit. Ms. Poindexter showed a report to Ms. Haynes titled "This represents our (Hogan's Pharmacy) Incident Reports." Two items on the report were labeled a "mix-up." The report did not contain the information required for incident reports for the two incidents labeled a "mix-up."

49. Ms. Haynes asked Ms. Poindexter about counseling of patients on all new

same patient if the patient uses different internet sites. Ms. Poindexter said, "Technically yes, unless someone recognized the name."

51. Laurence B. Leamer, R.Ph, told Ms. Haynes he would check between 300-400 prescriptions per day.

52. Utah and Missouri also disciplined Hogan's. Exhibit 7 is evidence of the discipline of Hogan's in Utah. Exhibit 7 is incorporated herein as though recited in full. Exhibit 8 is evidence of the discipline of Hogan's in Missouri. Exhibit 8 is incorporated herein as though recited in full.

53. On March 10, 2008, emergency orders were issued against Laurence B. Leamer, R.Ph., Rick Kloxin, R.Ph., and Hogan's Pharmacy ordering the immediate cessation of all operations at the pharmacy.

IV. Conclusions of Fact and Law

A. Acts of Unprofessional Conduct or Professional Incompetency

i. Definitions and Authority

54. "Unprofessional conduct" means intentionally falsifying or altering records or prescriptions, conduct likely to harm the public, and the commission of any act of exploitation related to the licensee's professional practice. K.S.A. 65-1626(hh)(4), (7), & (9).

55. "Professional incompetency" means one or more instances involving failure to adhere to the applicable standard of pharmaceutical care to a degree which constitutes gross negligence or repeated instances of ordinary negligence. K.S.A. 65-1626(ee).

56. Pursuant to K.S.A. 65-1663(c), the Board may limit, suspend, or revoke a registration of a pharmacy technician on any ground authorized against the license of a

pharmacist under K.S.A. 65-1627. The Board may revoke, suspend, place on a probationary status or deny a license to a pharmacist who is found guilty of unprofessional conduct or professional incompetency. K.S.A. 65-1627(a)(3).

57. “In every store, shop or other place defined in this act as a ‘pharmacy’ there shall be a pharmacist in charge and, except as otherwise provided by law, the compounding and dispensing of prescriptions shall be limited to pharmacists only.” K.S.A.65-1637.

58. K.A.R. 68-2-20(a) requires that the “judgmental functions that constitute the filling or refilling of a prescription shall be performed only by a licensed pharmacist or by a pharmacy student or intern under the direct supervision of a licensed pharmacist . . .”

59. K.A.R. 68-2-22(a)(b) & (c) require that electronically prescribed medications shall be dispensed “within the course of legitimate professional practice,” be transmitted by “an authorized prescriber,” and be dispensed with the “pharmacist’s professional judgment regarding accuracy, validity, and authenticity of the prescription drug order communicated by way of electronic transmission . . .”

60. K.S.A. 65-1663(c)(3) authorizes the Board to:

. . . temporarily suspend or temporarily limit the registration of any pharmacy technician in accordance with the emergency adjudicative proceedings under the Kansas administrative procedure act if the board determines that there is cause to believe that grounds exist for disciplinary action under this section against the registrant and that the registrant’s continuation in practice would constitute an imminent danger to the public health and safety.

Id.

ii. Unprofessional Conduct or Professional Incompetency in Altering Records

61. Jolane Poindexter is guilty of unprofessional conduct for altering pharmacy records describing the medical condition of the patient.

62. In the alternative to a finding of unprofessional conduct, the conduct of Jolane Poindexter in altering pharmacy records constitutes professional incompetency.

64. The conduct of Jolane Poindexter violated the pharmacy act and prompts discipline pursuant to K.S.A. 65-1663(e).

65. The alteration of patient records or their concealment from regulators jeopardizes the health, safety, and welfare of the public and requires the immediate suspension of the pharmacy technician.

iii. Unprofessional Conduct or Professional Incompetency Likely to Cause Harm.

66. Jolane Poindexter is guilty of unprofessional conduct by allowing Rosie Grow to perform functions without the training and registration of a pharmacy technician.

67. Jolane Poindexter is guilty of unprofessional conduct by preparing labels at a location other than under direct control and supervision of a pharmacist.

68. Jolane Poindexter is guilty of unprofessional conduct by processing the volume of prescriptions that were dispensed from Hogan's.

69. Jolane Poindexter is guilty of unprofessional conduct in dispensing prescriptions from prescribers that were not authorized or that were not prescribed within the "course of legitimate professional practice" pursuant to K.A.R. 68-2-22.

70. The following acts, independently and cumulatively, constitute unprofessional conduct likely to cause harm:

- a) Allowing personnel to perform functions without proper

training and registration;

- b) Allowing a pharmacy technician to prepare labels for prescriptions at a location other than the pharmacy without the direct control and supervision of a pharmacist;
- c) Dispensing a high volume of prescriptions so as not to allow sufficient time for verification and accuracy;
- d) Dispensing prescriptions from an unauthorized prescriber who is not acting within the course of legitimate professional practice.

71. In the alternative, the conduct described in the preceding paragraph constitutes professional incompetency.

72. The conduct of Jolane Poindexter violated the pharmacy act, or regulations promulgated thereunder, and prompts discipline of the pharmacy technicians pursuant to K.S.A. 65-1663(e).

73. The continued practice of the pharmacy technicians is likely to cause harm and requires their immediate suspension.

iv. Unprofessional Conduct or Professional Incompetency That Exploits Persons With Drug Seeking or Addictive Behaviors.

74. Jolane Poindexter is guilty of unprofessional conduct by exploiting persons that may have drug seeking or addictive behaviors. The questionnaires completed by patients before Hogan's dispenses medication ask: "Is your Personal Healthcare Practitioner aware that you are requesting this medication?" The questionnaires also ask: "Have you been prescribed this medication before?" The questionnaires fail to ask why the "Personal Healthcare Practitioner" is not the one prescribing the medication. The patients answered "yes" to the question about their

"Personal Healthcare Practitioner's" awareness of the request but do not explain why someone other than the "Personal Healthcare Practitioner" is requesting the medication. The questionnaires also fail to ask under what circumstances and when the medication was previously taken. The operation of the pharmacy was such that the employees could not physically review the prescriptions properly and exercise the required professional judgment to verify the accuracy of the prescriptions.

75. The complaint from Colorado and the complaint from the widow in Kansas were from family members of people who were addicted to the medication they easily obtained from Hogan's. In both instances, a prescriber in the course of legitimate professional practice had refused to write a prescription as requested.

76. In the alternative to unprofessional conduct, Jolane Poindexter was professionally incompetent in dispensing prescriptions to people with drug seeking or drug addictive behaviors.

77. The unprofessional or incompetent conduct of Jolane Poindexter violated the pharmacy act, or regulations promulgated thereunder, and prompts discipline of the pharmacy technicians pursuant to K.S.A. 65-1663(e).

78. The continued exploitation of persons with drug seeking or addictive behaviors jeopardizes the public, health, and welfare and requires the immediate suspension of the pharmacy technicians.

B. Violations of the Electronic Prescription Transmission Requirements Mandating that Prescriptions Be Dispensed in the Course of Legitimate Professional Practice and From Authorized Prescribers.

79. K.A.R. 68-2-22(a) allows for electronic prescription transmissions but requires that the prescriber act within the course of "legitimate professional practice."

80. K.A.R. 68-2-22(b)(3) requires that each prescription drug order

communicated by electronic transmission be transmitted by an "authorized prescriber."

81. Dr. Buckley's license was a limited license. Consequently, the prescriptions ordered by her did not meet the requirement of K.S.A. 68-2-22(a) and (b)(3).

82. Dispensing medications prescribed by Dr. Buckley to any of Hogan's internet customers violated K.A.R. 68-2-20 and prompts immediate discipline of the pharmacists pursuant to K.S.A. 65-1627(a)(8). K.S.A. 65-1663(e)(1) applies K.S.A. 65-1627(a)(8) to pharmacy technicians. K.S.A. 65-1663(e) authorizes the immediate discipline of the pharmacy technicians.

C. Prohibition Against Drop Shipping.

83. K.A.R. 68-2-16 prohibits a pharmacy from drop shipping or shipping to a location where a prescription is held or retrieved later by the patient.

84. Hogan's drop shipped to Federal Express locations or to other locations in violation of K.A.R. 68-2-16.

85. Drop shipping medications to internet customers violated K.A.R. 68-2-16 and prompts discipline of the pharmacy technicians pursuant to K.S.A. 65-1627(a)(8). K.S.A. 65-1663(c)(1) applies K.S.A. 65-1627(a)(8) to pharmacy technicians. K.S.A. 65-1663(e) authorizes the immediate discipline of the pharmacy technicians.

F. Failure to Label Repackaged Drugs.

86. K.A.R. 68-7-16 required that labels on repackaged drugs contain certain information.

87. The practice of placing tablets or pills in bottles without labels violates K.A.R. 68-7-16.

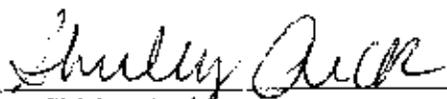
88. The pharmacy technicians at Hogan's placed pills or tablets in bottles without labels in violation of K.A.R. 68-7-16.

89. The failure of Jolane Poindexter to label bottles of prescription medication violates K.A.R. 68-7-16 and prompts discipline pursuant to K.S.A. 65-1627(a)(8). K.S.A. 65-1663(c)(1) applies K.S.A. 65-1627(a)(8) to pharmacy technicians. K.S.A. 65-1663(e) authorizes the immediate discipline of the pharmacy technicians.

For the foregoing reasons and for reasons to be identified at any hearing requested in this matter, JOLANE POINDEXTER, is ordered as follows:

1. To Cease and Desist from the practice of a pharmacy technician;
2. To Cease and Desist from dispensing medications pursuant to any order or prescription received from any source via the internet;
3. To Cease and Desist from shipping any and all medications to any customer or patient anywhere.
4. To Cease and Desist from dispensing medications of any kind to any person or location;
5. The registration of Jolane Poindexter is hereby suspended.

IT IS SO ORDERED ON THIS 10TH DAY OF MARCH, 2008.


Dr. Shirley Arck
Vice-President/Investigative Board
Member

Right to a Hearing

You have a right to request a hearing before the Board. If you desire a hearing, you must request the hearing in writing and direct your request to:

Debra Billingsley, Executive Secretary, Kansas Board of Pharmacy
900 SW Jackson, Suite 560
Topeka, KS 66612-1231

You are also asked to send a copy to the attorney for the Board as follows:

Derenda J. Mitchell, Assistant Attorney General,
Supreme Court Number 11690
120 SW 10th Ave., 2nd Floor,
Topeka, Kansas 66612-1597.

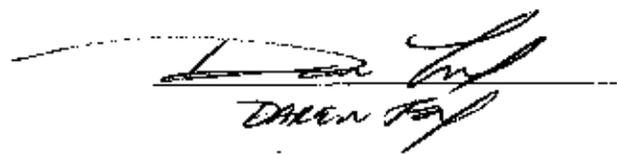
Your written request for a hearing must be made within 15 days of the date of this order.

If a hearing is not requested in the time and manner provided by law, this Order becomes final. Any appeal rights you may have had may be deemed waived for failure to exhaust administrative remedies.

CERTIFICATE OF SERVICE

This certifies that on the 6th day of March 2008, a true and correct copy of the above and foregoing was personally served by hand-delivery to:

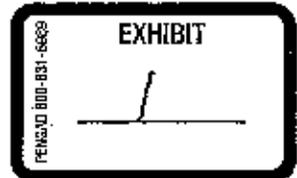
Jolane Poindexter
Hogan's Pharmacy
120 W. Commercial,
Lyons, Kansas 67554


Dawn Fay

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2008-0301



CEASE AND DESIST ORDER

IN THE MATTER OF THE UNAUTHORIZED AND UNLAWFUL DISPENSING AND DELIVERY OF PRESCRIPTIONS TO COLORADO RESIDENTS BY HOGAN'S PHARMACY,

Respondent.

On September 20, 2007, during a regularly-scheduled meeting of the State Board of Pharmacy ("Board"), the Board considered documentation including, but not limited to, the written complaint dated August 3, 2007, in the above-captioned matter.

Based upon the Board's review and consideration, the Board hereby finds that it has jurisdiction over Respondent and the subject matter herein, and that there exists credible evidence that Respondent has acted without the required registration, in violation of §§12-22-130, C.R.S.

The Board finds as follows:

1. Respondent is not (and never has been) registered as a nonresident prescription drug outlet in the State of Colorado.
2. On January 15, 2007, Respondent dispensed and delivered prescriptions to consumers whom reside in the State of Colorado.
3. Respondent's conduct constitutes a violation of §§12-22-130, C.R.S.
4. WHEREFORE, pursuant to §12-22-125.2(9), C.R.S., the Board hereby ORDERS that Respondent immediately CEASE AND DESIST in the dispensing and delivery of prescription drugs and controlled substances to residents of the State of Colorado without a registration granted by the Colorado State Board of Pharmacy, in violation of §§12-22-130, C.R.S.

Within ten days after service of this order to cease and desist, Respondent may request a hearing on whether such acts or practices in violation of Part I of Article 22 of Title 12, C.R.S. have occurred. Such hearing shall be conducted pursuant to §§ 24-4-104 and 24-4-105, C.R.S.

The Board authorized the undersigned representative to sign this Cease and Desist Order on its behalf.

DATED this 25th day of September 2007.

STATE BOARD OF PHARMACY

BY: Wendy Anderson

Wendy Anderson
Program Director
1560 Broadway, Suite 1350
Denver, Colorado 80202

CERTIFICATE OF MAILING

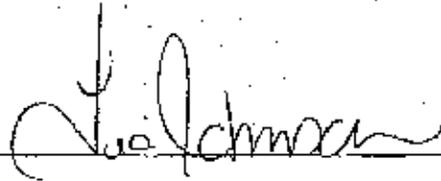
This is to certify that I have duly served the within CEASE AND DESIST ORDER upon all parties herein by depositing copies of same in the United States mail, first-class postage prepaid, at Denver, Colorado, this 25th day of September 2007, addressed as follows:

Hogan's Pharmacy
120 W. Commercial
Lyons, KS 57554

Jeffrey A. Brimer, Esq.
1200 17th Street, Ste 1900
Denver, CO 80202

VIA INTERDEPARTMENTAL MAIL

Joanna L. Kaye
Assistant Attorney General
1525 Sherman St., 5th Floor
Denver, CO 80203



Nov. 16. 2007 11:32AM

No. 4430 P. 1



REGIONAL FORENSIC SCIENCE CENTER
SEDGWICK COUNTY, KANSAS

TIMOTHY P. KOHRKA, PH.D. — DIRECTOR
JAIMIE L. OEBERST, M.D. — DISTRICT CORONER-CHIEF MEDICAL EXAMINER
SHARI L. BECK — FORENSIC ADMINISTRATOR/CHIEF MEDICAL INVESTIGATOR

07MV 529

EXTERNAL EXAMINATION REPORT

FILED

APP DOCKET NO. CS

2007 NOV 16 A 9 47

RECEIVED
DISTRICT CORONER
JAIMIE L. OEBERST, M.D.
107 W. 5th Street
Valley Center, KS 67147
316-287-8001

CASE: 18-07-2044

DECEASED: Taylor, Tracy R.

DATE: 08-28-07

ADDRESS: 533 W. 5th Street, Valley Center, KS 67147

TIME: 1600 Hours

38 - year - old white male

PERSONS PRESENT AT EXTERNAL EXAMINATION:

Forensic Assistants: Patty Bird

PATHOLOGIC DIAGNOSES

- I. Mixed drug intoxication
 - A. See Toxicology Report
 - B. Status post cardiopulmonary arrest with resuscitation
 - C. Anoxic/ischemic encephalopathy, clinical
- II. History of alcoholism and drug abuse

CAUSE OF DEATH: Mixed drug intoxication

MANNER: Accident

Jaimie Oberst, MD

Jaimie L. Oberst, M.D.
District Coroner-Chief Medical Examiner

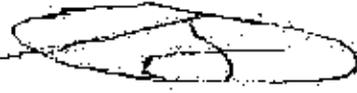
11-15-07
Date signed

PEN00000001-0000

EXHIBIT

3

ORDER ID: 469388 DATE: 2007-01-07 12:55:20 STATUS: A
 Dr. Joyce W. Buckley 333 Pike Road, Sackets Harbor, 13685 NY

User ID:	Full name:	NOTES: This prescription will be dispensed generically unless doctor writes DAW. Take one to two tablets every six hours as needed for pain. Maximum 8 tablets per day DAW (Disperse as Written). 
BILLING ADDRESS:	SHIPPING ADDRESS:	
Plattsmouth Nebraska 68048 United States	United States	SIGNED: 2007-01-07 16:16:45

PRODUCT ID: 2665 PRODUCT: Tramadol 50 mg - 180 Tabs QTY: 1
 Shipping type: FedEx Next Day Delivery

Date of Birth:	1973 (Age: 33)
Your Height:	5' 7"
Your Weight:	170
Your Sex:	Male
Is your Personal Healthcare Practitioner aware that you are requesting this medication?	Yes
Have you been prescribed this medication before?	Yes
Have you had a physical exam in the last 12 months?	Yes
Please state the medical condition requiring you to use this medication IMPORTANT: your order will not be approved unless this question is answered fully:	My lower back and knees took a pounding when playing high school and some college football. My lower back pain is the main problem, making it difficult to even get out of bed.
Do you suffer from any seasonal allergies?	No
Please list in detail any allergies you have to medicines:	None
Are you currently under treatment for any health problems?	No
Are you suffering from high blood pressure?	No
Are you currently taking any prescription or non-prescription medicines:	None
Please list anything in your medical history that you think might be relevant:	None
Please list any significant family medical history:	None
Are you currently pregnant or have you been nursing within the past 12 months?	No
Will you be taking other medications while taking this medicine?	No
Please let us know whether you are currently taking any opioid medications such as Tylenol #3, Percocet, Vicodin, Oxycontin or suffering from a seizure disorder or convulsions:	None
If you have a history of narcotic or opioid use please indicate the last time you took a narcotic or opioid:	None

EXHIBIT

4

ORDER ID: 467560 DATE: 2007-01-03 14:33:36 STATUS: A
 Dr. Joyce W. Buckley 333 Pike Road, Sackets Harbor, 13685 NY

User ID: Full name:		NOTES: This prescription will be dispensed generically unless doctor writes DAW. Take one to two tablets every six hours as needed for pain. Maximum 8 tablets per day DAW (Dispense as Written). 
BILLING ADDRESS: United States	SHIPPING ADDRESS: 3330 MENTOR AVENUE CUSTOMER PICKUP MENTOR Ohio 44060 United States	
		SIGNED: 2007-01-04 08:50:57

PRODUCT ID: 2665 PRODUCT: Tramadol 50 mg - 180 Tabs QTY: 1
 Shipping type: FedEx Next Day Delivery

Date of Birth:	1973-07-06 (Age: 33)
Your Height:	5'2"
Your Weight:	135
Your Sex:	Female
Is your Personal Healthcare Practitioner aware that you are requesting this medication?	No
Have you been prescribed this medication before?	Yes
Have you had a physical exam in the last 12 months?	Yes
Please state the medical condition requiring you to use this medication IMPORTANT: your order will not be approved unless this question is answered fully:	LOW BACK PAIN FROM A CAR ACCIDENT SOME YEARS AGO. NO NERVE OR DISC DAMAGE.
Do you suffer from any seasonal allergies?	No
Please list in detail any allergies you have to medicines:	None
Are you currently under treatment for any health problems?	No
Are you suffering from high blood pressure?	No
Are you currently taking any prescription or non-prescription medicines:	None
Please list anything in your medical history that you think might be relevant:	None
Please list any significant family medical history:	None
Are you currently pregnant or have you been nursing within the past 12 months?	No
Will you be taking other medications while taking this medicine?	No
Please let us know whether you are currently taking any opioid medications such as Tylenol #3, Percocet, Vicodin, Oxycontin or suffering from a seizure disorder or convulsions:	None
If you have a history of narcotic or opioid abuse, please indicate the last time you took a narcotic or opioid:	None

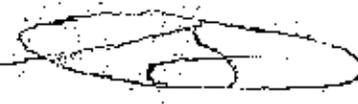
180-11/10

User ID: Order ID: 467560
 Pk: 154323 Sub: 03
 Org Desc: 01-06-2007 Bill Date: 01-04-2007

DOS: 07-06-1973

Dr: Buckley DEA:
 333 PIKE Road, Sackets Harb, NY, 13685
 TEL: 315-788-7003
 Tramadol 50 mg

ORDER ID: 469735 DATE: 2007-01-08 09:07:19 STATUS: A
 Dr. Joyce W. Buckley 333 Pike Road, Sackets Harbor, 13685 NY

User ID:	Full name:	
BILLING ADDRESS:	SHIPPING ADDRESS:	NOTES: This prescription will be dispensed generically unless doctor writes DAW. Take one tablet four times daily DAW (Dispense as Written).
United States	hold at fedx 5255 falcon drive salisbury Maryland 21804 United States	
		SIGNED: 2007-01-08 09:16:12

PRODUCT ID: 2560 PRODUCT: Soma (Watson brand) 350 mg - 90 Tabs
 QTY: 1

Shipping type: FedEx Next Day Delivery

Date of Birth:	1955-01-18 (Age: 51)
Your Height:	5'10"
Your Weight:	140
Your Sex:	Female
Is your Personal Healthcare Practitioner aware that you are requesting this medication?	Yes
Have you been prescribed this medication before?	Yes
Have you had a physical exam in the last 12 months?	Yes
Please state the medical condition requiring you to use this medication IMPORTANT: your order will not be approved unless this question is answered fully:	I have a herniated c5 disc which is in the neck with bone spurs.
Do you suffer from any seasonal allergies?	No
Please list in detail any allergies you have to medicines:	None
Are you currently under treatment for any health problems?	No
Are you suffering from high blood pressure?	No
Are you currently taking any prescription or non-prescription medicines:	None
Please list anything in your medical history that you think might be relevant:	None
Please list any significant family medical history:	None
Are you currently pregnant or have you been nursing within the past 12 months?	No
Will you be taking other medications while taking this medicine?	No

User ID: Order ID: 469735
 Sr: 186191 Rx: pk
 Orig Date: 01-08-2007 Bill Date: 01-08-2007
 DOB: 01-18-1955

To: Buckley
 333 Pike Road, Sackets Harbor, NY, 13685
 TEL: 315-788-2003
 Oxycodone 350 mg WATSON
 Quantity: 90 Rx: WATSON
 NDC 00021551310
 TAKE ONE TABLET FOUR TIMES DAILY

ORDER ID: 469617 DATE: 2007-01-08 00:00:41 STATUS: A
 Dr. Joyce W. Buckley 333 Pike Road, Sackets Harbor, 13685 NY

User ID:	Full name:	
BILLING ADDRESS:	SHIPPING ADDRESS:	NOTES: This prescription will be dispensed generically unless doctor writes DAW. Take one to two tablet every 4 hours as needed for headache maximum 12 tablet in 24 hours DAW (Dispense as Written).
United States	4350 Houston Avenue HOLD at FEDEX Station Macon Georgia 31206 United States	 SIGNED: 2007-01-08 05:41:21

PRODUCT ID: 1805 PRODUCT: Fioricet 40 mg - 90 Tabs QTY: 1
 Shipping type: FedEx Next Day Delivery

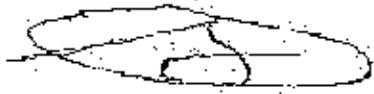
Date of Birth:	1957-11-25 (Age: 49)
Your Height:	5'11"
Your Weight:	190
Your Sex:	Male
Is your Personal Healthcare Practitioner aware that you are requesting this medication?	Yes
Have you been prescribed this medication before?	Yes
Have you had a physical exam in the last 12 months?	Yes
Please state the medical condition requiring you to use this medication IMPORTANT: your order will not be approved unless this question is answered fully:	TENSION HEADACHES with NECK PAIN & MIGRAINES SOMETIMES. I am a Program Mgr/Engineer & use the computer ALL day at work. I have ordered this medication from you before with good results for my headaches.
Do you suffer from any seasonal allergies?	No
Please list in detail any allergies you have to medicines:	None
Are you currently under treatment for any health problems?	No
Are you suffering from high blood pressure?	No
Are you currently taking any prescription or non-prescription medicines:	Centrum vitamins daily
Please list anything in your medical history that you think might be relevant:	None
Please list any significant family medical history:	None
Are you currently pregnant or have you been nursing within the past 12 months?	No
Will you be taking other medications while taking this medicine?	No

User ID: Order ID: 469617
 Rx: 180505 RPA: AX
 Ord Date: 01-08-2007 Fill Date: 01-08-2007

DOB: 11-25-1957

Dr: Buckley DEA:
 333 Pike Road, Sackets Harb, NY, 13685
 TEL: 315-788-2003
 Fioricet 50/325/40
 Quantity: 90
 NDC: 08758135705 Aff: Watson

ORDER ID: 469696 DATE: 2007-01-08 07:51:05 STATUS: A
 Dr. Joyce W. Buckley 333 Pike Road, Sackets Harbor, 13685 NY

User ID: Full name:		NOTES: This prescription will be dispensed generically unless doctor writes DAW. Take one to two tablet every 4 hours as needed for headache maximum 12 tablet in 24 hours DAW (Dispense as Written).
SELLING ADDRESS:	SHIPPING ADDRESS:	
United States	Now @ FedEx for pick-up New York Ave. Framingham Massachusetts 01702 United States	

PRODUCT ID: 1800 PRODUCT: Fioricet 40 mg - 60 Tabs QTY: 1
 Shipping type: FedEx Next Day Delivery

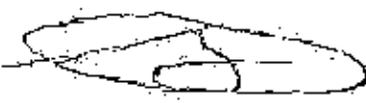
Date of Birth:	1958-09-02 (Age: 48)
Your Height:	5'5
Your Weight:	135
Your Sex:	Female
Is your Personal Healthcare Practitioner aware that you are requesting this medication?	Yes
Have you been prescribed this medication before?	Yes
Have you had a physical exam in the last 12 months?	Yes
Please state the medical condition requiring you to use this medication IMPORTANT: your order will not be approved unless this question is answered fully:	migraines and tension headaches
Do you suffer from any seasonal allergies?	No
Please list in detail any allergies you have to medicines:	None
Are you currently under treatment for any health problems?	No
Are you suffering from high blood pressure?	No
Are you currently taking any prescription or non-prescription medicines:	None
Please list anything in your medical history that you think might be relevant:	None
Please list any significant family medical history:	None
Are you currently pregnant or have you been nursing within the past 12 months?	No
Will you be taking other medications while taking this medicine?	No

Order ID: Order ID: 469696
 Rx: 185935 Rx#: rk
 Qty Date: 01-08-2007 Fill Date: 01-08-2007

DOB: 09-02-1958

Dr: Buckley DEA:
 333 Pike Road, Sackets Harb, NY, 13685
 TEL: 315-788-2003
 Fioricet 50/325/60
 Quantity: 60 SIG: TACON
 NDC 03254485724
 TAKE ONE TO TWO TABLETS EVERY 4 HOURS AS NEEDED FOR HEADACHE. MAXIMUM 12 TABLETS IN 24 HOURS. C-94

ORDER ID: 468234 DATE: 2007-01-04 12:43:43 STATUS: A
 Dr. Joyce W. Buckley 333 Pike Road, Sackets Harbor, 13685 NY

User ID: Full name:		NOTES: This prescription will be dispensed generically unless doctor writes DAW. Take one to two tablets every six hours as needed for pain. Maximum 8 tablets per day DAW (Dispense as Written). 
BILLING ADDRESS:	SHIPPING ADDRESS:	
United States	Please mail at local Fed Ex for Maplewood, NJ Maplewood New Jersey 07040 United States	SIGNED: 2007-01-04 13:12:24

PRODUCT ID: 2655 PRODUCT: Tramadol 50 mg - 30 Tabs QTY: 1
 Shipping type: FedEx Next Day Delivery

Date of Birth:	1958-08-31 (Age: 48)
Your Height:	5' 10"
Your Weight:	175
Your Sex:	Female
Is your Personal Healthcare Practitioner aware that you are requesting this medication?	Yes
Have you been prescribed this medication before?	Yes
Have you had a physical exam in the last 12 months?	Yes
Please state the medical condition requiring you to use this medication IMPORTANT: your order will not be approved unless this question is answered fully:	I have back pain from a herniated disc; tramadol has been effective before.
Do you suffer from any seasonal allergies?	No
Please list in detail any allergies you have to medicines:	None
Are you currently under treatment for any health problems?	No
Are you suffering from high blood pressure?	No
Are you currently taking any prescription or non-prescription medicines:	None
Please list anything in your medical history that you think might be relevant:	None
Please list any significant family medical history:	None
Are you currently pregnant or have you been nursing within the past 12 months?	No
Will you be taking other medications while taking this medicine?	No
Please let us know whether you are currently taking any opioid medications such as Tylenol #3, Percocet, Vicodin, Oxycontin or suffering from a seizure disorder or convulsions:	None
If you have a history of narcotic or opioid use please indicate the last time you took a narcotic or opioid:	None

180-10/27

User ID: Order ID: 468234
 Rx: 16361 RPh: RA
 Orig Date: 01-04-2007 Fill Date: 01-04-2007
 JOB: 08-31-1653

Dr: Buckley
 333 Pike Road, Sackets Harbor, NY, 13685
 Tel: 315-788-2003
 Fax: 315-788-2003
 Quantity: 30
 NDC: 06512417211

ORDER ID: 467179 DATE: 2007-01-03 06:39:41 STATUS: A
 Dr. Joyce W. Buckley 333 Pike Road, Sackets Harbor, 13685 NY

User ID:	Full name:	
BILLING ADDRESS:	SHIPPING ADDRESS:	NOTES: This prescription will be dispensed generically unless doctor writes DAW. Take one to two tablets every six hours as needed for pain .Maximum 8 tablets per day DAW (Dispense as Written).
	hold@fedex 6028 Blazing Star Drive Fort Worth Texas 76179 United States .	
		SIGNED: 2007-01-03 10:02:10

PRODUCT ID: 2665 PRODUCT: Tramadol 50 mg - 180 Tabs QTY: 1
 Shipping type: FedEx Next Day Delivery

Date of Birth:	1974-10-16 (Age: 32)
Your Height:	5'11
Your Weight:	190
Your Sex:	Male
Is your Personal Healthcare Practitioner aware that you are requesting this medication?	Yes
Have you been prescribed this medication before?	Yes
Have you had a physical exam in the last 12 months?	Yes
Please state the medical condition requiring you to use this medication IMPORTANT: your order will not be approved unless this question is answered fully:	Chronic right ankle and lower back pain.
Do you suffer from any seasonal allergies?	No
Please list in detail any allergies you have to medicines:	None
Are you currently under treatment for any health problems?	No
Are you suffering from high blood pressure?	No
Are you currently taking any prescription or non-prescription medicines:	None
Please list anything in your medical history that you think might be relevant:	None
Please list any significant family medical history:	None
Are you currently pregnant or have you been nursing within the past 12 months?	No
Will you be taking other medications while taking this medicine?	No
Please let us know whether you are currently taking any opioid medications such as Tylenol #3, Percocet, Vicodin, Oxycontin or suffering from a seizure disorder or convulsions:	None
If you have a history of narcotic or opioid use please indicate the last time you took a narcotic or opioid:	None

User ID: Order No: 467179
 Rx: 154278 RPh: ck
 Orig Date: 01-03-2007 Fill Date: 01-03-2007
 DOB: 10-16-1974
 Dr: Buckley DEA:
 333 Pike Road, Sackets Harbor, NY, 13685
 2665, 315 768-2003
 Tramadol 50 mg
 Quantity: 180

ORDER ID: 470335 DATE: 2007-01-09 00:24:53 STATUS: A
 Dr. Joyce W. Buckley 333 Pike Road, Sackets Harbor, 13685 NY

User ID: Full name:		NOTES: This prescription will be dispensed generically unless doctor writes DAW. Take one to two tablets every six hours as needed for pain. Maximum 8 tablets per day DAW (Dispense as Written).
BILLING ADDRESS: United States	SHIPPING ADDRESS: 12600 pebble avenue (FedEx location) hawthorne California 90250 United States	
		
		SIGNED: 2007-01-09 07:21:57

PRODUCT ID: 2665 PRODUCT: Tramadol 50 mg - 180 Tabs QTY: 1
 Shipping type: FedEx Next Day Delivery

Date of Birth:	1969-08-12 (Age: 37)
Your Height:	5f 9i
Your Weight:	190
Your Sex:	Male
Is your Personal Healthcare Practitioner aware that you are requesting this medication?	Yes
Have you been prescribed this medication before?	Yes
Have you had a physical exam in the last 12 months?	Yes
Please state the medical condition requiring you to use this medication IMPORTANT: your order will not be approved unless this question is answered fully:	back and neck arthritis
Do you suffer from any seasonal allergies?	No
Please list in detail any allergies you have to medicines:	penicilin
Are you currently under treatment for any health problems?	No
Are you suffering from high blood pressure?	No
Are you currently taking any prescription or non-prescription medicines:	None
Please list anything in your medical history that you think might be relevant:	None
Please list any significant family medical history:	father - high blood pressure
Are you currently pregnant or have you been nursing within the past 12 months?	No
Will you be taking other medications while taking this medicine?	No
Please let us know whether you are currently taking any opioid medications such as Tylenol #3, Percocet, Vicodin, Oxycontin or suffering from a seizure disorder or convulsions:	None
If you have a history of narcotic or opioid use please indicate when you last took a narcotic or opioid:	

Order ID: 470335
 RPH: CJ
 Fill Date: 01-09-2007
 Doc ID: 09-12-1999

Dr: buckley
 333 Pike Road, Sackets Harb, NY, 13685
 TEL: 315-708 2903
 Tramadol 50 mg
 Quantity: 180
 NY: 6816241211

ORDER ID: 471318 DATE: 2007-01-10 13:24:51 STATUS: A
 Dr. Joyce W. Buckley 333 Pike Road, Sackets Harbor, 13685 NY

User ID:	Full name:		
BILLING ADDRESS:	SHIPPING ADDRESS:	NOTES: This prescription will be dispensed generically unless doctor writes DAW.	
United States	Fed Ex Hold 1000 Bristol Street North Newport Beach California 92660 United States	Take one to two tablets every six hours as needed for pain. Maximum 8 tablets per day DAW (Dispense as Written).	
			
		SIGNED: 2007-01-10 13:27:52	

PRODUCT ID: 2665 PRODUCT: Tramadol 50 mg - 180 Tabs QTY: 1
 Shipping type: FedEx Next Day Delivery

Date of Birth:	1971-10-12 (Age: 35)
Your Height:	5 7
Your Weight:	155
Your Sex:	Female
Is your Personal Healthcare Practitioner aware that you are requesting this medication?	Yes
Have you been prescribed this medication before?	Yes
Have you had a physical exam in the last 12 months?	Yes
Please state the medical condition requiring you to use this medication IMPORTANT: your order will not be approved unless this question is answered fully:	I suffer from severe lower back pain from fibromyaglia and sciatica
Do you suffer from any seasonal allergies?	No
Please list in detail any allergies you have to medicines:	erythromycin
Are you currently under treatment for any health problems?	No
Are you suffering from high blood pressure?	No
Are you currently taking any prescription or non-prescription medicines:	None
Please list anything in your medical history that you think might be relevant:	None
Please list any significant family medical history:	None
Are you currently pregnant or have you been nursing within the past 12 months?	No
Will you be taking other medications while taking this medicine?	No
Please let us know whether you are currently taking any opioid medications such as Tylenol #3, Percocet, Vicodin, Oxycortin or suffering from a seizure disorder or convulsions:	None
If you have a history of narcotic or opioid use please indicate the last time you took a narcotic or opioid:	None

180-11/20

Order ID: 471318
 Ref: 167272
 Ref: 02
 Orig Date: 01-10-2007
 Fill Date: 01-10-2007

DOB: 10-12-1971

Dr. Buckley
 333 Pike Road, Sackets Harbor, NY, 13685
 TEL: 315-788-2603
 Tramadol 50 mg

ORDER ID: 471376 DATE: 2007-01-10 14:38:10 STATUS: A
 Dr. Joyce W. Buckley 333 Pike Road, Sackets Harbor, 13685 NY

User ID:	Full name:	
BILLING ADDRESS:	SHIPPING ADDRESS:	NOTES: This prescription will be dispensed generically unless doctor writes DAW. Take one to two tablet every 4 hours as needed for headach maximum 12 tablet in 24 hours DAW (Dispense as Written).
	FedEx 31885 DEL OSISPO SAN JUAN CAPISTRANO, California 92675 United States	
		SIGNED: 2007-01-10 14:47:15

PRODUCT ID: 1790 PRODUCT: Fioricet (generic) 50/325/40 mg - 90 Tabs
 QTY: 1
 Shipping type: FedEx Next Day Delivery

Date of Birth:	1953-00-28 (Age: 53)
Your Height:	5'5
Your Weight:	142
Your Sex:	Female
Is your Personal Healthcare Practitioner aware that you are requesting this medication?	Yes
Have you been prescribed this medication before?	Yes
Have you had a physical exam in the last 12 months?	Yes
Please state the medical condition requiring you to use this medication IMPORTANT: your order will not be approved unless this question is answered fully:	Tension headaches, shoulder and neck pain
Do you suffer from any seasonal allergies?	No
Please list in detail any allergies you have to medicines:	None
Are you currently under treatment for any health problems?	No
Are you suffering from high blood pressure?	No
Are you currently taking any prescription or non-prescription medicines:	Premarin
Please list anything in your medical history that you think might be relevant:	None
Please list any significant family medical history:	None
Are you currently pregnant or have you been nursing within the past 12 months?	No
Will you be taking other medications while taking this medicine?	Yes

User ID: Order ID: 471376
 Inv: 147554 Web: cX
 Qty Date: 01-10-2007 Fill Date: 01-10-2007

DOB: 09-28-1953

Dr: Buckley DEA:
 333 Pike Road, Sackets Harb, NY, 13685
 TEL: 315-789-2803
 State: NY / AMP/CAPT 50/325/40 mg
 Quantity: 90 Req: 02011282
 SDC 00603154432
 TAKE ONE TO TWO TABLET EVERY 4 HOURS AS NEEDED FOR HEADACHE. MAXIMUM 12 TABLET IN 24 HOURS. drug

ORDER ID: 471262 DATE: 2007-01-10 12:16:07 STATUS: A
 Dr. Joyce W. Buckley 333 Pike Road, Sackets Harbor, 13685 NY

User ID: Full name:		NOTES: This prescription will be dispensed generically unless doctor writes DAW. Take one to two tablets every six hours as needed for pain. Maximum 8 tablets per day DAW (Dispense as Written). 
BILLING ADDRESS:	SHIPPING ADDRESS: FedEx station, 5055 International Blvd. Charleston South Carolina 29418 United States	
		SIGNED: 2007-01-10 12:32:42

PRODUCT ID: 2665 PRODUCT: Tramadol 50 mg - 180 Tabs QTY: 1
 Shipping type: FedEx Next Day Delivery

Date of Birth:	1958-09-08 (Age: 48)
Your Height:	5'7
Your Weight:	135 lbs
Your Sex:	Female
Is your Personal Healthcare Practitioner aware that you are requesting this medication?	Yes
Have you been prescribed this medication before?	Yes
Have you had a physical exam in the last 12 months?	Yes
Please state the medical condition requiring you to use this medication IMPORTANT: your order will not be approved unless this question is answered fully:	Osteoarthritis of the cervical and lumbar spine
Do you suffer from any seasonal allergies?	No
Please list in detail any allergies you have to medicines:	None
Are you currently under treatment for any health problems?	No
Are you suffering from high blood pressure?	No
Are you currently taking any prescription or non-prescription medicines:	Weilbutrin
Please list anything in your medical history that you think might be relevant:	None
Please list any significant family medical history:	None
Are you currently pregnant or have you been nursing within the past 12 months?	No
Will you be taking other medications while taking this medicine?	No
Please let us know whether you are currently taking any opioid medications such as Tylenol #3, Percocet, Vicodin, Oxycontin or suffering from a seizure disorder or convulsions:	None
If you have a history of narcotic or opioid use please indicate the last time you took a narcotic or opioid:	None

180-8/3

User ID: Order ID: 471262
 Rx: 167151 RFD: Y
 Qty Date: 01-10-2007 Bill Date: 01-10-2007
 DOB: 09-08-1958

Dr. Buckley DEL:
 333 Pike Road, Sackets Harbor, NY, 13685
 Tel: 315-789-2003
 Fax: 315-789-2003

ORDER ID: 469071 DATE: 2007-01-06 09:07:23 STATUS: A
 Dr. Joyce W. Buckley 333 Pike Road, Sackets Harbor, 13685 NY

User ID:		Full name:
BILLING ADDRESS:	SHIPPING ADDRESS:	NOTES: This prescription will be dispensed generically unless doctor writes DAW.
	HOLD AT FED EX 404 FIELD CREST DRIVE ELMSFORD New York 10523 United States	Take one to two tablet every 4 hours as needed for headach maximum 12 tablet in 24 hours DAW (Dispense as Written).
		
		SIGNED: 2007-01-06 12:05:11

PRODUCT ID: 1790 PRODUCT: Fioricet (generic) 50/325/40 mg - 90 Tabs
 QTY: 1

Shipping type: FedEx Next Day Delivery

Date of Birth:	1957-06-16 (Age: 49)
Your Height:	135
Your Weight:	5'1
Your Sex:	Female
Is your Personal Healthcare Practitioner aware that you are requesting this medication?	Yes
Have you been prescribed this medication before?	Yes
Have you had a physical exam in the last 12 months?	Yes
Please state the medical condition requiring you to use this medication IMPORTANT: your order will not be approved unless this question is answered fully:	migraines
Do you suffer from any seasonal allergies?	No
Please list in detail any allergies you have to medicines:	None
Are you currently under treatment for any health problems?	No
Are you suffering from high blood pressure?	No
Are you currently taking any prescription or non-prescription medicines:	None
Please list anything in your medical history that you think might be relevant:	None
Please list any significant family medical history:	None
Are you currently pregnant or have you been nursing within the past 12 months?	No
Will you be taking other medications while taking this medicine?	No

User ID: Order ID: 469071
 Rx: 165853 RPR: rk
 Qty Date: 01-06-2007 FILL Date: 01-09-2007

DOB: 06-16-1957

To: Buckley DLT:
 333 Pike Road, Sackets Harb, NY, 13685
 TEL: 315-788-2000
 Databital/ AMOR/CARE 50/325/40 mg
 Quantity: 90 Mfg: QUALITASS
 NDC 00603254432

TAKE ONE TO TWO TABLETS EVERY 4 HOURS AS NEEDED FOR

Physician

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Joyce Wong Buckley

Office Location:
Watertown,

NYS License Number: 002113
Date of NYS Licensure: 04-28-2004

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- [Medical School](#) • [Graduate Medical Education](#) • [Board Certifications](#)
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Medical School TO 1

Graduated from UNIVERSITY OF OTTAWA, FAC OF MEDICINE, OTTAWA, ONT CANADA, 1974

Note: This information cannot be used by healthcare organizations to meet their credentialing requirements as set forth by accrediting bodies such as the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) or National Committee for Quality Assurance (NCQA).

Graduate Medical Education TO 1

Sponsor	Completion Date	Specialty
UNIV OTTAWA FAC MED HOSP	12-31-1978	OBSTETRICS & GYNECOLOGY

Note: This information cannot be used by healthcare organizations to meet their credentialing requirements as set forth by accrediting bodies such as the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) or National Committee for Quality Assurance (NCQA).

Board Certifications TO 1

Name of Board	Specialty/Subspecialty	Certification Date	Expiration Date
RCPSC BOARD OF OBSTETRICS AND GYNECOLOGY		12-31-1978	

Note: The State of New York recognizes the specialty boards that are members or components of the ABMS, AOA, RCPSC or CFPC. Certification by member boards or components of these umbrella organizations is the responsibility of the member organization.

Note: For certification dates, a default value of "01" appears in the month field if the

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License Information *

06/06/2007

Name : BUCKLEY JOYCE WONG
Address : WATERTOWN
Profession : MEDICINE LIMITED LICENSE
License No : 002113
Date of Licensure : 04/26/04
Additional Qualification : Not applicable in this profession
Status : REGISTERED
Registered through last day of : 04/09
Medical School: UNIVERSITY OF OTTAWA **Degree Date :** 05/21/1974

(Use your browser's back key to return to licensee list.)

* Use of this online verification service signifies that you have read and agree to the terms and conditions of use. See HELP glossary for further explanations of terms used on this page.

Note: The Board of Regents does not discipline *physicians(medicine), physician assistants, or specialist assistants*. The status of individuals in these professions may be impacted by information provided by the NYS Department of Health. To search for the latest discipline actions against individuals in these professions, please check the New York State Department of Health's Office of Professional Medical Conduct homepage.

Further information on physicians may be found on the following external sites (The State Education Department is not responsible for the accuracy or completeness of information located on external Internet addresses.):

American Board of Medical Specialties

Partial Refunds

Individuals who withdraw their licensure application may be entitled to a partial refund.

- For the procedure to withdraw your application, contact the Medicine Unit at opunit2@mail.nysed.gov or by calling 518-474-3817 ext. 260 or by fax at: 518-402-2323.
- The State Education Department is not responsible for any fees paid to an outside testing or credentials verification agency.

If you withdraw your application, obtain a refund, and then decide to seek New York State licensure at a later date, you will be considered a new applicant, and you will be required to pay the licensure and registration fees and meet the licensure requirements in place at the time you reapply.

Questions and Answers About the Three-Year Limited Medical License and Extension

1. Can I practice outside the medically underserved area specified on my Affidavit of Agreement?

No. The practice of medicine for a physician with a three-year limited license is restricted to the approved underserved area or facility.

We recognize, however, that hospitals sometimes serve people who live in a medically underserved area although the hospital is not within the boundary of this medically underserved area (particularly in rural locations). Physicians practicing medicine in these areas have a need to provide ongoing medical treatment to patients who require hospitalization. Under these circumstances, a physician may seek approval for admitting privileges at a hospital located outside the medically underserved area for the sole purpose of following the hospitalized patients who reside in the underserved area.

2. Can I change my practice location or add practice locations during the term of my three-year limited license?

Yes, under certain conditions:

- The new or additional practice location(s) must be approved by the New York State Department of Health (DOH) as being located within an underserved area.

You must write a letter requesting approval to the following address. Your letter should state whether each additional practice location is an office at which you will regularly practice or a facility (such as a hospital or clinic) where you will see patients without having an office.

New York State Department of Health
 Division of Planning, Policy and Resource Development
 Corning Tower, Room 1084
 Empire State Plaza
 Albany, NY 12237

- The New York State Education Department must issue an additional registration certificate(s) if the new or additional practice location is an office at which you will regularly practice.

Upon approving your new practice location(s), the Department of Health will forward the request to the State Education Department. If an additional certificate is required, an application will be mailed to you. There is a fee of \$10 for each additional registration certificate.

3. Can I practice medicine on my limited license while fulfilling a service obligation under a J-1 visa waiver program?

Yes, provided that the site where you are fulfilling your service obligation is within the approved practice area for your limited license.

License Requirements

Three-year Limited Medical License and Extension

[General Requirements](#) | [Limitations of the Three-Year Limited Medical License and Extension](#) | [Medically Underserved Areas](#) | [Applying for Three-Year Limited License](#) | [Limited License Extension](#) | [Applying for a Limited Medical License Extension](#) | [Fees](#) | [Partial Refunds](#) | [Questions and Answers](#)

General Requirements

The Board of Regents may grant a three-year limited medical license by granting a limited waiver of the citizenship/permanent residence requirements in exchange for the physician's service in a **medically underserved area** of New York State.

To be eligible, you must meet all requirements for licensure as a physician except for the citizenship/permanent residence requirement. This includes three years of accredited postgraduate training (or the substantial equivalent) and an acceptable licensing examination sequence (e.g., USMLE Step 1, Step 2, and Step 3). The requirements you must satisfy are detailed in the Physician License Requirements link on the left.

You must also submit an application, separate fee of \$735, and all required forms and documentation for licensure as a physician in New York State.

The specific requirements for licensure are contained in Title 8, **Article 131**, Section 6524 of New York's Education Law and Part 60 of the Regulations of the Commissioner of Education. Print copies of the relevant sections of NYS Education Law and the Commissioner's Regulations are available upon request from opforms@mail.nysed.gov or by calling 518-474-3817 ext. 320.

You should also read the [general licensing information](#) applicable for all professions.

Limitations of the Three-Year Limited Medical License and Extension

Physicians who obtain three-year limited medical licenses must agree to limit their practice to a medically underserved area of New York State. Physicians are required to sign and notarize an Affidavit of Agreement with the New York State Department of Health in which they formally agree to practice only in a specified underserved area. The Affidavit must be amended with the Department of Health if the practice location or situation changes. The license is valid only for a three-year period; however, a physician pursuing permanent residency status may have an extension of up to six years.

Medically Underserved Areas

Areas designated by the United States Department of Health and Human Services or by the New York State Board of Regents are eligible service areas for primary care physicians, which includes family practice, pediatrics, internal medicine, and obstetrics/gynecology.

Primary Care Shortage Areas

Eligible primary care shortage areas in New York State include:

- the Health Professional Shortage Areas (HPSAs) or Medically Underserved Areas/Populations (MUAs/MUPs) designated by the United States Department of Health and Human Services; and
- all primary care areas and facilities designated by the New York State Board of Regents for the Regents Health Care.

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Physician

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Joyce Wong Buckley

NYS License Number: 002113

Date of NYS Licensure: 04-28-2004

Office Location
Watertown,

[Education](#)
[Practice Info](#)
[Legal Actions](#)
[Professional Activities](#)
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[Offices](#)
[Languages Available](#)
[Health Plans](#)
[Medicaid and Other Government Insurance Programs](#)
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Field of Medicine

Last Updated 04-01-2005

TO

Gynecology Only

Offices (optional)

Last Updated 04-01-2005

TO

Office	Doctors in Practice
COMPREHENSIVE WOMEN'S HEALTH SERVICES 622 WASHINGTON ST. WATERTOWN, NY 13601 315-788-2003	ELLIOTT, COHEN, MD, RCPC DABOG WALTER DODARD, DO

Languages Available

TO

None reported

Medicaid and Other Government Insurance Programs

Last Updated 04-01-2005

TO

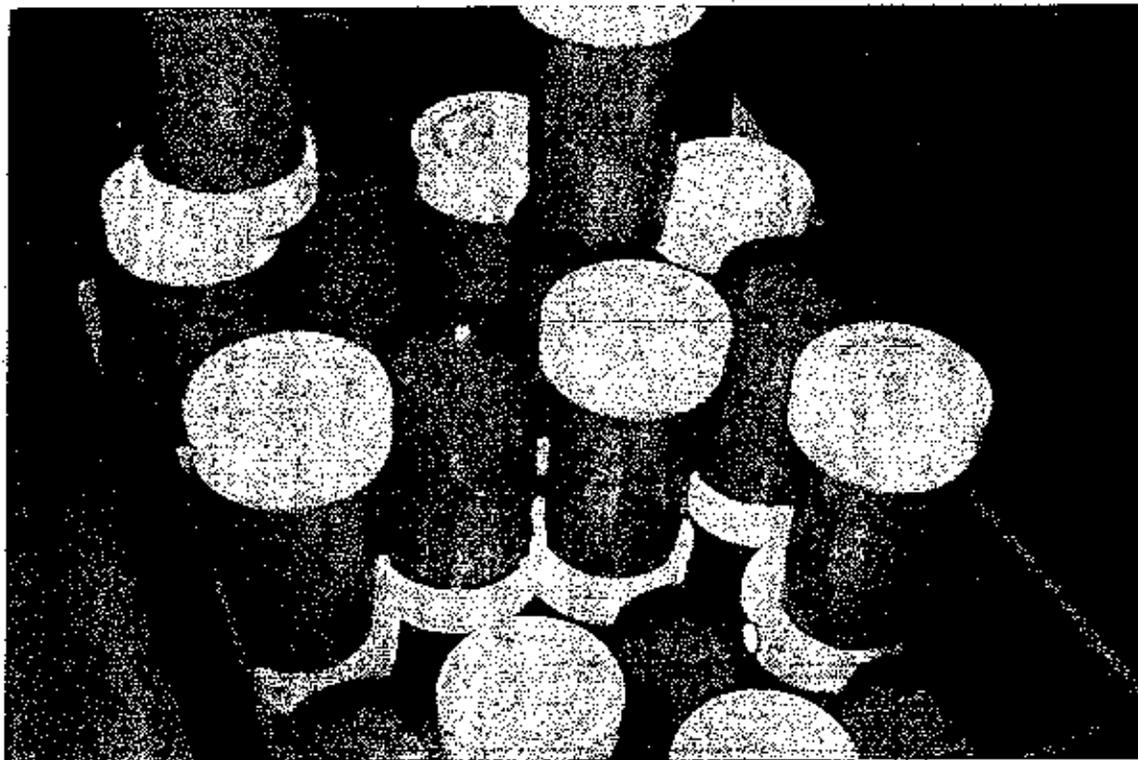
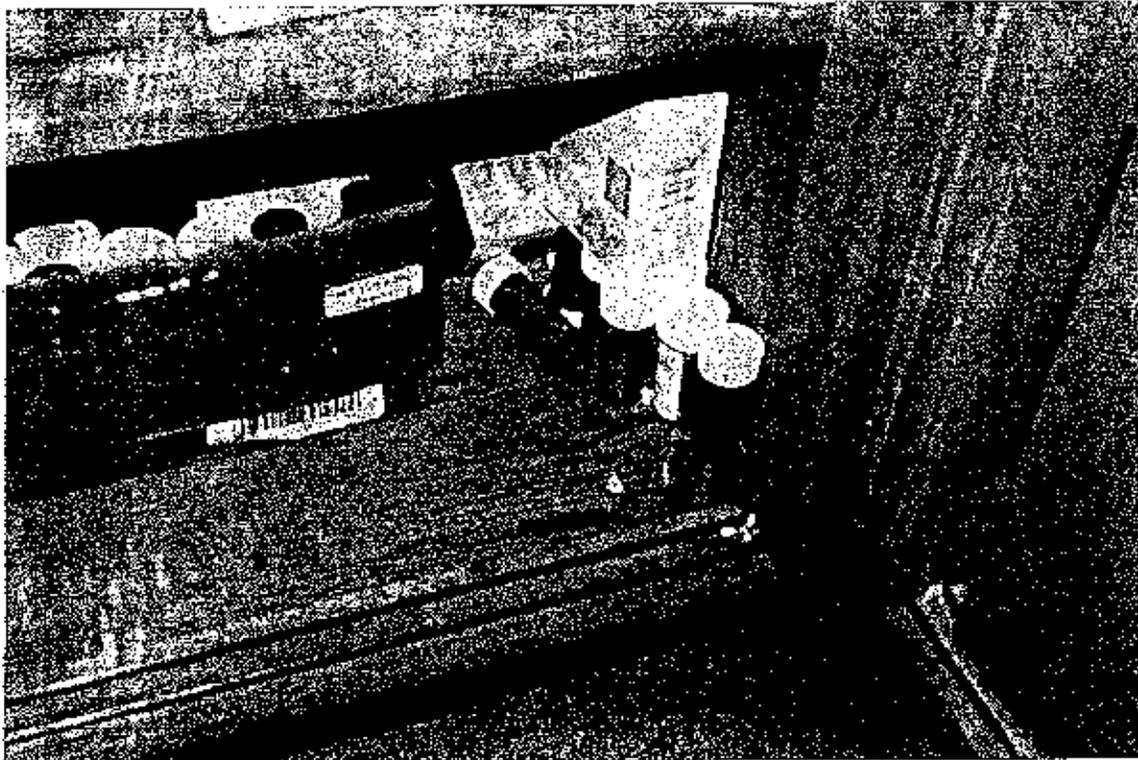
Program	Does the doctor accept this insurance?
Medicaid	At all locations
Medicare	At all locations
Child Health Plus	At all locations
Family Health Plus	At all locations

Note: Contact the doctor's office to see if this information has changed.

Health Plans (optional)

Last Updated 04-01-2005

TO





State of Utah
Department of Commerce

Division of Occupational and Professional Licensing

JON M. HUNTSMAN, JR.
Governor

FRANCINE A. GIANI
Executive Director

F. DAVID STANLEY
Division Director

February 8, 2008

KANSAS STATE BOARD OF PHARMACY
JIM KINDERKNECHT
LANDON STATE OFFICE BUILDING
900 S.W. JACKSON STREET, ROOM 560
TOPEKA, KS 66612-1231

Re: Hogan's Pharmacy Citation #20087

Dear Mr. Kinderknecht,

Enclosed you will find a copy of Citation #20087, which was issued by the Utah Division of Occupational and Professional Licensing ("Division") to Hogan's Pharmacy, located in Lyon, Kansas. The citation was issued for the violation of two separate Utah statutes for unlawful conduct. One for dispensing a controlled substance without a license and the other for aiding and abetting in the issuance of prescription drug based upon an online medical questionnaire.

Hogan's retained a local law firm to represent them in this matter and a resolution was met where the Division would dismiss the count of dispensing a controlled substance with the condition that Hogan's would pay the \$2,000 fine assessed in the citation. The law firm represented to the Division that Hogan was not acknowledging guilt by paying the fine, however, due to the fact that Hogan's Pharmacy or their attorney never formally answered and returned the notice of response given with the citation a default judgment was entered against Hogan's for violating the count of aiding and abetting in the issuance of a prescription drug based upon an online medical questionnaire. The documentation reflecting the upholding of the citation against Hogan's Pharmacy may be accessed at the following link on the Division's website.

<http://www.dopl.utah.gov/investigations/citations/CIT-H-J.pdf>

If you need any further information about this matter, please feel free to contact me at (801) 530-6027.

Sincerely,

Jared Memmott
Investigator

Enclosure



CITATION

COPY 20084

Department of Commerce
 Division of Occupational & Professional Licensing
 Attn: Citation Coordinator
 P.O. Box 146741
 160 East 300 South
 Salt Lake City, Utah 84114-6741

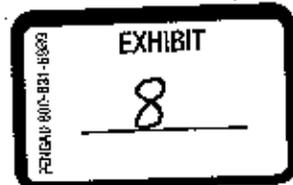


ISSUED TO: <u>Hogans Pharmacy</u>		DOPT. #: <u>35575</u>
BUSINESS ADDRESS: <u>120 West Commercial Lyon, KS 67554</u>		
HOME ADDRESS: <u>N/A</u>		
BUSINESS PHONE: <u>620-257-7061</u>	HOME PHONE: <u>N/A</u>	
DOB: <u>N/A</u>	SSN/EIN#: <u>N/A</u>	DL#: <u>N/A</u>
LOCATION OF OFFENSE: <u>160 East 300 South Salt Lake City, UT. 84111</u>		
DATE OF OFFENSE: <u>8-27-07</u>		DATE ISSUED: <u>9-11-07</u>
OFFENSE CODE	DESCRIPTION	
<u>58-17b-501 (7)(A)</u>	<u>Filling a prescription for any consumer or patient residing in this state if the person is not licensed under this chapter.</u>	
REMARKS: <u>Hogans Pharmacy dispensed a controlled substance prescription drug to a person within the state of Utah on the above date. The medication dispensed was based upon an online medical questionnaire. Further, Hogans Pharmacy has dispensed other prescription medications to Residents of Utah which were based upon an online medical questionnaire.</u> <u>* Fine pursuant to R156-17b-402 (8).</u>		
DATE SERVED: <u>9-11-07</u>	PERSON SERVED: <u>Johne Rindexter</u>	SERVED BY: <u>J. Memmott</u>
<input checked="" type="checkbox"/> FINE (See schedule) \$ <u>2,000.⁰⁰</u>	<input checked="" type="checkbox"/> CEASE AND DESIST ORDER	
I ACKNOWLEDGE RECEIPT OF THIS CITATION AND CERTIFY THAT I HAVE READ AND UNDERSTAND THE RIGHTS ADVISEMENT CONTAINED BELOW AND HAVE BEEN PROVIDED A NOTICE OF RESPONSE. <u>USPS Certified mail</u> <u># 7002 2030 0001 8399 3825</u> RECIPIENT'S SIGNATURE _____ DATE _____		I CERTIFY THAT THE INFORMATION IN THIS CITATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.  INVESTIGATOR'S SIGNATURE _____

READ CAREFULLY

1. If you wish to contest this citation at a hearing, you must notify the Division in writing within 20 calendar days of receipt. The hearing will be conducted according to Title 63, Chapter 46b.
2. If you do not contest the citation within 20 calendar days of receipt, the citation will become a final order of the Division and is not subject to further agency review.
3. Failure to comply with a final order of the Division is a Class A misdemeanor. The Division may refuse to issue or renew or may suspend, revoke, or place on probation a license you hold or apply for.

RECIPIENT



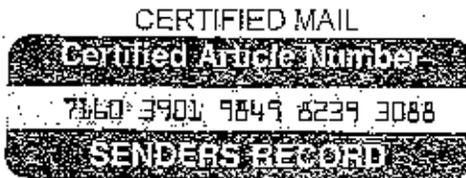
Mart Blunt
Governor
State of Missouri

David T. Bronker, Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
Douglas M. Outman, Director

BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091 PHONE
573-526-3464 FAX
800-735-2965 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Debra C. Ringgenberg, R.Ph.
Executive Director
www.pr.mo.gov/pharmacists.asp
e-mail: pharmacists@pr.mo.gov



CEASE AND DESIST WARNING

July 17, 2007

Hogan's Pharmacy
120 W. Commercial
Lyons, KS 67554

To Whom It May Concern:

The Missouri Board of Pharmacy is in receipt of an investigation report involving Hogan's Pharmacy, 120 W. Commercial, Lyons, KS 38551, based on a Missouri consumer's on-line purchase of a prescription drug via the Internet. Specifically, a Missouri consumer completed a patient questionnaire on the "www.pillstess.net" website, and subsequently received #90 Carisoprodol 350mg. The prescription label and enclosed receipt showed the prescription was dispensed by Hogan's Pharmacy, 120 W. Commercial, Lyons, KS 67554 with the prescription #105132890. The label indicated "Aghaegbuna, Onochie" as the prescriber.

It has been determined this facility is shipping, mailing, or delivering prescription medications directly to Missouri consumers without holding appropriate licensure as a non-resident pharmacy. Failure to obtain non-resident pharmacy licensure is a violation of the following:

1. Section 338.220, RSMo.

1. It shall be unlawful for any person, copartnership, association, corporation or any other business entity to open, establish, operate or maintain any pharmacy, as defined by statute without first obtaining a permit to do so from the Missouri board of pharmacy. The following classes of pharmacy permits or licenses are hereby established:

- (1) Class A: Community/ambulatory;
- (2) Class B: Hospital outpatient pharmacy;
- (3) Class C: Long-term care;
- (4) Class D: Non-sterile Compounding;
- (5) Class E: Radiopharmaceutical;
- (6) Class F: Renal dialysis;
- (7) Class G: Medical gas;
- (8) Class H: Sterile Product Compounding;
- (9) Class I: Consultant Services;
- (10) Class J: Shared Services;
- (11) Class K: Internet

2. Application for such permit or license shall be made upon a form furnished to the applicant; shall contain a statement that it is made under oath or affirmation and that its representations are true and correct to the best knowledge and belief of the person signing same, subject to the penalties of making a false affidavit or declaration; and shall be accompanied by a permit or license fee. The permit or license issued shall be renewable upon payment of a renewal fee. Separate applications shall be made and separate permits or licenses required for each pharmacy opened, established, operated or maintained by the same owner.
2. Section 338.195. Any person, who is not licensed under this chapter, who violates any provision of sections 338.010 to 338.315 shall, upon conviction, be adjudged guilty of a class C felony.
3. 20 CSR 2220-2.025 Nonresident Pharmacies (copy attached).
4. Section 338.055.1 - The board may refuse to issue any certificate of registration or authority, permit or license required pursuant to this chapter for one or any combination of causes stated in subsection 2 of this section. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his right to file a complaint with the administrative hearing commission as provided by chapter 621, RSMo.

338.055.2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
 - (5) Incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty in the performance of the functions or duties of any profession licensed or regulated by this chapter;
 - (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter;
 - (13) Violation of any professional trust or confidence;
 - (15) Violation of the drug laws or rules and regulation of this state, any other state or the federal government;
5. 20 CSR 2220-2.020(11) Prescriptions processed by any classification of licensed pharmacy must be provided by a practitioner licensed in the United States authorized by law to prescribe drugs and who has performed a sufficient physical examination and clinical assessment of the patient. A pharmacist shall not dispense a prescription drug if the pharmacist has knowledge, or reasonably should know under the circumstances, that the prescription order for such drug was issued on the basis of an Internet-based questionnaire, an Internet-based consultation, or a telephonic consultation, all without a valid preexisting patient/practitioner relationship.

In addition, Hogan's Pharmacy is, or was, actively engaged in a continuing course of conduct whereby prescription drug orders ("prescriptions") are dispensed based solely on an on-line questionnaire, with no physician-patient relationship. There was no physical evaluation of the individual seeking the drug product, nor was there any direct communication between that individual and the prescriber.

Hogan's Pharmacy
Page 3
August 31, 2006

The pharmacist-in-charge of the pharmacy and/or owner of the pharmacy knew or should have known that prescriptions obtained in this manner are not created pursuant to a valid prescriber/patient relationship. Therefore, such prescriptions are invalid.

You are hereby ordered to immediately **CEASE AND DESIST** the unlicensed practice of pharmacy. No dispensing of prescription drugs or prescription devices directly to consumers should take place without complying with all appropriate licensure and regulatory requirements as a licensed pharmacy.

Secondly, you are hereby ordered to immediately **CEASE AND DESIST** soliciting, receiving or otherwise acquiring, preparing, and dispensing any and all prescriptions to Missouri patients, obtained and based on on-line questionnaires. Should you decide to apply for and be licensed with the Missouri Board of Pharmacy as a non-resident pharmacy, this Order does not extend to those prescriptions, where, in good faith, you believe a valid prescriber/patient relationship exists. Necessary characteristics for a valid prescriber/patient relationship include, but are not limited to, a physical evaluation or visual observation of the patient and direct communications between the prescriber and the patient. The direct communication requirement is not satisfied where the sole contact between the prescriber and the patient is the submission of questionnaires or similar written materials from a remote location.

You must provide the Board with written confirmation that you have taken all actions necessary to comply within ten (10) days of the date of the letter, indicating what corrective actions you are taking or have taken in order to stop your unlicensed and improper practice of pharmacy in Missouri.

Sincerely,


DEBRA C. RINGGENBERG, RPH
EXECUTIVE DIRECTOR

DCR:dw

Enclosure

cc: Kansas Board of Pharmacy
Inspector Tom Glenski